

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Retirement Number	
Address		City	State Zip
Home Phone	Work Phone	Employer	
Judges Election Form			

This form is to be used to indicate whether you elect to participate in the enhanced joint and survivor benefit and the new contribution rate as enacted in LB 1097 (2004) or whether you wish to retain the current benefits and contribution rates. Under the provisions of the new law, you are allowed to make a one-time election not later than 90 days immediately following the date the provision becomes operative. The operative date is the date upon which the next judicial appointment is made after July 1, 2004. You may complete and return your election form any time through the last day of the ninety day period. Elections received prior to the operative date will be effective on the operative date. Elections received after the operative date will be effective on the first day of the month immediately following the receipt of the election form.

You may choose to participate in the new provisions, or to retain the plan provisions you currently have. Please indicate your choice below. If you fail to make an election, you will retain the plan provisions you currently have.

☐ **I elect to convert to the revised plan.**

- With this election, I understand I will receive a greater Joint and Survivor benefit or its actuarial equivalent, and,
- With this election, my contribution rate will increase to 8% until the maximum benefit is achieved, and to 4% thereafter.

☐ **I elect to remain subject to the current plan provisions.**

- With this election, I acknowledge the enhanced benefits and increased contribution rates available to me under the provisions of LB 1097 (2004), and I choose to retain my current plan provisions.

Member Signature _____ Date _____

BAR CODE